Nurses' Perceptions of Health Care Learning Organizational Culture and Their Readiness for Change

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Abstract: Healthcare organizations aspire to improve safety and quality in a changing environment, learning organizations' practices can help to reinforce existing skills and knowledge and provide opportunities to find better ways of working. Aim: examine the relationship between nurses' perceptions of health care learning organizational culture and their readiness for change at Kafr El-Dawar General hospital. Study design: A descriptive, correlational research design was used in this study. Setting: This study was carried out in all intensive and critical care units; and inpatient units (medical and surgical) at Kafr El-Dawar General hospital (N=22). with bed capacity (N=278). Subject: All staff nurses, who are working in the previously mentioned settings and who were available at the time of data collection and with at least one year of experience, were included in the study (N=270).Tool I: Dimensions of Learning Organization Questionnaire (DLOQ). Tool II: Attitudes Toward Change Survey (ATCS). Results: The finding of this study revealed that the vast majority of staff nurses had high level of learning organizational culture and high level of readiness for change. Conclusion: The present study shows that there is positive statistical significant relationship between learning organizational culture and readiness for change. Moreover, there are positive high statistical significant relationship between learning organizational culture and all it's dimensions; and between readiness for change and all its dimensions. Recommendations: Investigate how learning organizational culture can be effectively connected in practice to other basic concepts, such as job satisfaction, job performance or organizational commitment.

Keywords: Learning organizational culture, Readiness for change, and Learning organization.

I. INTRODUCTION

Rapid changes in environmental factors have increased complexities and ambiguities at health care organizations, thus posing serious challenges to staff nurses. [1] In such conditions, the health service is constantly under pressure from rising demands and limited resources, and must keep evolving to adapt to patients' changing needs and innovation. [2] Health care organizations need to acquire knowledge and innovate faster in order to survive and thrive in a rapidly changing environment. [3] Learning organizational culture aimed to develop awareness about the preparation of staff for change. [4]

Argote (2012) [5] defined learning organization as: "an organization skilled at creating, acquiring, and transferring knowledge, and at adjusting its behavior to reflect new information and insights". Grundhoefer (2010) [6] stated that learning organizational culture is: " a culture, where people continually expand their capacity to create the results they truly desire,

where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together". Nowakowski and Conlon (2005) [7] said that: "learning organizational culture is organizational phenomena that support the acquisition of information, the distribution and sharing of learning, and that reinforce and support continuous learning and its application to organizational improvement".

The importance of learning organizational culture is on one hand, helps the staff and the organization to achieve their goals through constant learning and on the other hand, is a kind of competitive advantage for the health care organization. [8]

An effective learning organization is considered one that has the capability to integrate people and organizational structures; in order to facilitate continuous learning and encourage organizational changes. [9] Learning organization has been observed as a positive factor for enhancing performance that encourages organization for change. [10, 11]

Readiness for change is defined by Weiner et al. (2020) [12] as: "organizational members' psychological and behavioral preparedness to implement change". Readiness for change is a critical component for successful planned change with a learning organizational culture viewed as a key element in cultivating individual readiness for change. [13, 14]

Significance of study:

The fast development of technology and constant increase in knowledge, fear of change; as well as increased complexities in global health care settings is a challenge facing nurses in providing safe and quality care and are causing pressures for continuous change in health care organizations. [15] Literature emphasized that all change initiatives fail approximately by 70%. [16, 17] Organizational readiness for change is considered as a critical component affecting healthcare settings. [18]

Aim of the Study:

Examine the relationship between nurses' perceptions of health care learning organizational culture and their readiness for change at Kafr El-Dawar General hospital. **Research Question:**

What is the relationship between nurses' perceptions of health care learning organizational culture and their readiness for change at Kafr El-Dawar General hospital?

II.   MATERIALS AND METHODS

I. Materials

Research design: A descriptive, correlational research design was used to conduct this study.

Setting: This study was carried out in all intensive and critical care units; and inpatient units (medical and surgical) at Kafr El-Dawar General hospital (N=22). The hospital is the second largest hospital at El-Beheria Governorate, affiliated to the Ministry of Health and Population (MOHP), with bed capacity (N=278). **Subject:** All staff nurses, who were working in the previously mentioned settings and who were available at the time of data collection and with at least one year of experience, were included in the study (N=270).

Tools: Tools of the study: Two tools were used in this study:

Tool (I): Dimensions of Learning Organization Questionnaire (DLOQ): This tool consisted of two parts:

Part (1): Demographic Characteristics Data Sheet:

The demographic characteristics data sheet of the study subjects was developed by the researcher and included: working unit, age, gender, educational qualification, years of nursing experience, years of unit experience and marital status. (Appendix I)

Part (2): Dimensions of Learning Organization Questionnaire (DLOQ):

It was developed by Marsick and Watkins (2003), [19] to measure and assess learning organization culture. It consisted of 21 items, classified into seven dimensions, namely: (1) create continuous learning opportunities; (2) promote inquiry and dialogue; (3) encourage collaboration and team learning; (4) create systems to capture and share learning; (5) empower people toward a collective vision; (6) connect the organization to its environment; and (7) provide strategic leadership for learning. Every dimension is composed of three items. Responses were measured on a 5-point Likert rating scale, ranging

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from (1) never occurs to (5) always occurs. The highest score indicated high nurses' perceptions of learning organizational culture. The total scores for learning organizational culture were generated by summing up the scores from all subscales and ranges from (21 to 105); and were considered low (21 - 49); moderate (49 -77); and high (77 - 105).

Tool II: Attitudes Toward Change Survey (ATCS):

It was developed by Dunham et al. (1989) [20] later used by Carver (2012), [21] to evaluate nurses' attitudes toward organizational change. It is composed of 18 items, divided into three subscales, namely: *(1) cognitive reaction*; *(2) affective reaction*; and *(3) behavioral tendency*. Every scale is composed of six items. Responses were measured on 5-point Likert rating scale, ranging from (1) strongly disagree to (5) strongly agree. The highest the score indicated the more nurses' readiness to change. Scores ranged from (18 to 90), and were considered low (18 - 42); moderate (42 - 66); and high (66 - 90).

II- Methods

1. An official permission was obtained from the Dean of Faculty of Nursing Damanhour University and the responsible authorities of the study settings, after explanation of the study aim.

2. Study tools were translated into Arabic, and tested for its content validity and translation by five experts in the field of the study. Accordingly, some modifications were done.

3. A pilot study was carried out on (10%) of total sample size; staff nurses (n=27), who were not included in the study sample; in order to check and to ensure the clarity and feasibility of the tool and to identify obstacles and problems that may be encountered during data collection. Based on the pilot study, no modification was done.

4. The two tools were tested for its reliability; using the Cronbach's Alpha coefficient for internal consistency of items, where: Tool 1: Dimensions of Learning Organization Questionnaire (DLOQ): (α=0.953); and Tool 2: Attitudes Toward Change Survey (ATCS): (α=0.815), which indicated excellent and good reliability, respectively.

5. Data collection for this study was conducted by the researcher through self-administered questionnaire. It was hand-delivered to the study subjects, after individualized interview with each staff nurse for about (5) minutes to explain the aim of the study and the needed instructions were given before the distribution of the questionnaire in their settings. It took about 20-30 minutes to fill out the two tools. The data was collected in a period of three months, starting from the first of January 2020 to the end of March 2020.

Ethical considerations:

- The research approval was obtained from the ethical committee at the Faculty of Nursing-Damanhour University, prior to the start of the study.

- An informed written consent was obtained from the study subjects after explanation of the aim of the study.

- Privacy, confidentiality and right to refuse to participate or withdraw from the study was assured during the study.

- Anonymity regarding data collected was maintained.

III. STATISTICAL ANALYSIS

Data collected from the studied subjects was revised; coded, entered and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. The following statistical analysis measures were used: Descriptive statistical measures, which included: numbers, percentages, and averages (Minimum, Maximum, Arithmetic mean $\overline{X}$), Standard deviation (SD), and Correlation Matrix. The following statistical analysis tests were used: Chi square, t student T test, and ANOVA test.

IV. RESULTS

Table (1) shows that, staff nurses' perceived moderate mean percent score of total learning organization culture (65.76%). Moreover, the first dimension was create system to capture and share learning with high mean percent score (78.59%); followed by, Create continuous learning opportunities dimension (73.36%) and Promote inquiry and dialogue (66.84%). Furthermore , moderate mean percent score was for empower people toward a collective vision; encourage collaboration

and team learning; provide strategic leadership for learning; and finally, connect the organization to its environment (66.17%, 60.74%, 57.33, 57.28), respectively.

Table (1): Mean percent score of staff nurses' perceptions toward learning organizational culture, at Kafr El-Dawar General Hospital. (N=270)

Learning organizational culture dimensions	Min.	Max.	Mean ± SD	Mean % Score
Create continuous learning opportunities	4	15	11.00 ± 2.736	73.36
Promote inquiry and dialogue	6	14	10.03 ± 3.016	66.84
Encourage collaboration and team learning	6	15	9.110 ± 2.893	60.74
Create system to capture and share learning	5	15	11.79 ± 3.816	78.59
Empower people toward a collective vision	5	15	9.930 ± 4.123	66.17
Connect the organization to its environment	5	13	8.591 ± 3.387	57.28
Provide strategic leadership for learning	3	14	8.602 ± 3.862	57.33
Total learning organization culture	**40**	**94**	**69.05 ± 18.26**	**65.76**

Low mean percent score: 0-<33.3%;

Moderate mean percent score: ≥33.3-<66.6%;

High mean percent score: ≥ 66.6-100%.

Distribution of total learning organizational culture, among staff nurses working at Kafr El-Dawar General Hospital.

Figure (1) displays that, less than half of staff nurses (45.2%) had high level of learning organizational culture.
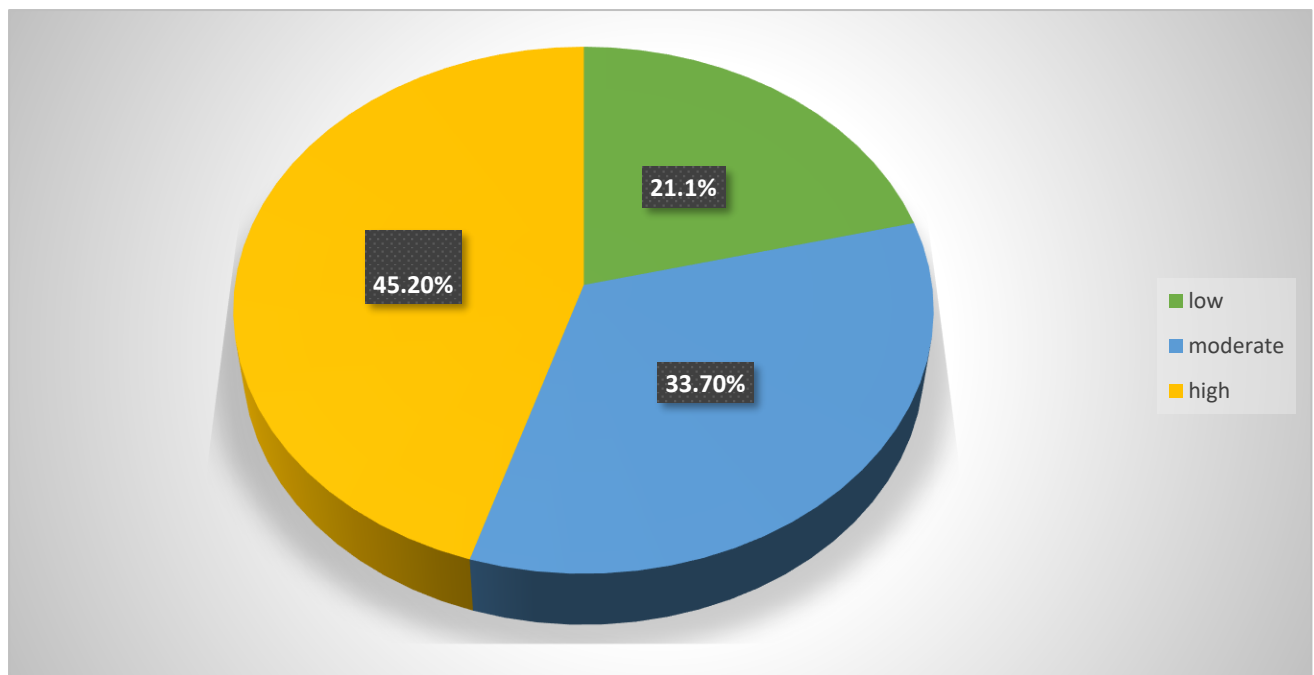

Figure (1): Distribution of total learning organizational culture, among staff nurses working at Kafr El-Dawar General Hospital. (N=270).

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Mean percent score of staff nurses' perceptions toward readiness for change, at Kafr El-Dawar General Hospital.

Table (2) reveals that, the staff nurses perceived high percent score of Total attitudes toward change dimensions (67.78%). The first and second dimensions: affective readiness, and behavioral readiness got high mean percent score (71.51%, 71.04%), respectively. Moreover, the last dimension cognitive readiness got moderate mean percent score (60.79%).

Table (2): Mean percent score of staff nurses' perceptions toward readiness for change, at Kafr El-Dawar General Hospital. (N=270).

Readiness for change dimensions	Min.	Max.	Mean ± SD	Mean % Score
Cognitive readiness	14	23	18.24 ± 2.384	60.79
Affective readiness	15	26	21.45 ± 3.070	71.51
Behavioral readiness	14	27	21.31 ± 3.557	71.04
Total Readiness for change	**43**	**74**	**61.00 ± 6.202**	**67.78**

Low mean percent score: 0-<33.3%;

Moderate mean percent score: ≥33.3-<66.6%;

High mean percent score: ≥ 66.6-100%.

Distripution of total readiness for change, among staff nurses working at Kafr El-Dawar General hospital.

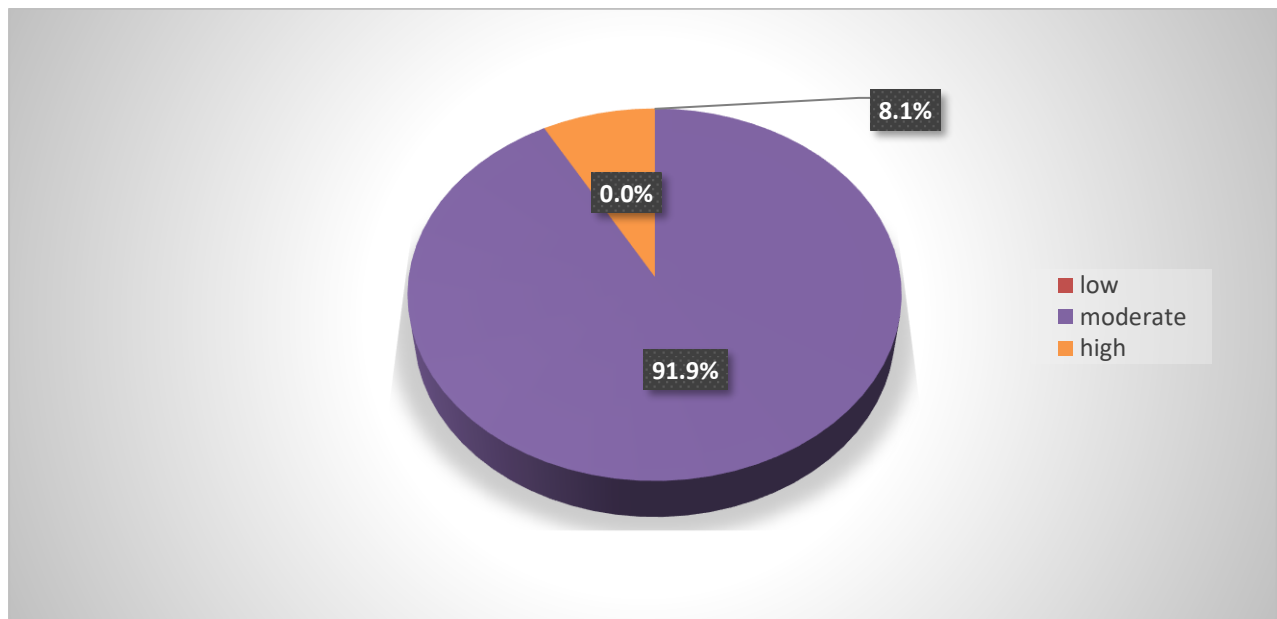Figure (2): shows that, the majority of staff nurses (91.9%) had moderate level of readiness for change.

Figure (2): Distripution of total readiness for change, among staff nurses working at Kafr El-Dawar General hospital. (N=270).

Relationship between staff nurses' demographic characteristics and their total learning organizational culture, at Kafr El-Dawar General Hospital.

Table (3): indicates that there are highly statistical significant relationships between staff nurses' demographic characteristics and educational qualification, years of nursing experience and years of unit experience, where (P= 0.000). However, there are no statistical significant relationships between staff nurses' demographic characteristics and age, working units, gender and marital status, where (p ≥ 0. 05).

Table (3): Relationship between staff nurses 'demographic characteristics and their total learning organizational culture, at Kafr El Dawar General Hospital. (N=270).

Demographic characteristics	Learning organizational culture						Total (N=270)		χ^2 P
	Low (N=57)		Moderate (N=91)		High (N=122)				
	No.	%	No.	%	No.	%	No.	%	
Age (years)									
20 -	32	56.2	43	47.3	67	54.9	142	52.6	2.193
30 -	19	33.3	38	41.8	40	32.8	97	35.9	0.700
≥40	6	10.5	10	11.1	15	12.3	31	11.5	
Working Unit									
Medical	22	38.6	30	33.0	34	27.9	86	31.8	1.027
Surgical	21	36.8	34	37.3	36	29.5	91	33.7	0.906
ICU	14	25.6	27	29.7	52	42.6	93	34.4	
Gender									
Male	0	0.0	2	2.2	10	8.2	12	4.4	2.444
Female	57	100	89	97.8	112	91.8	258	95.6	0.295
Educational qualification									
Diploma of Secondary Technical Nursing School	25	43.8	32	35.2	27	22.1	84	31.1	42.92
Diploma of Technical Health Institute	23	40.4	39	42.9	44	36.1	106	39.3	0.000**
Bachelor of Science in Nursing	9	15.8	20	21.9	51	41.8	80	29.6	
Years of nursing experience									
<5	5	8.8	3	3.3	32	26.2	40	14.8	39.496
5-	12	21.1	37	40.7	51	41.8	100	37.1	0.000**
10-	23	40.3	33	36.2	24	19.7	80	29.6	
≥15	17	29.8	18	19.8	15	12.3	50	18.5	
Years of unit experience									
<5	5	8.8	3	3.3	32	26.2	40	14.8	39.496
5-	12	21.1	37	40.7	51	41.8	100	37.1	0.000**
10-	23	40.3	33	36.2	24	19.7	80	29.6	
≥15	17	29.8	18	19.8	15	12.3	50	18.5	
Marital status									
Single	5	8.8	5	5.5	9	7.4	19	7.0	
Married	46	80.7	81	89.1	109	89.4	236	87.4	6.433
Divorced	5	8.8	3	3.3	2	1.6	10	3.7	0.377
Widow	1	1.7	2	2.1	2	1.6	5	1.9	

*Significant at p ≤0.05.   **highly significant at p ≤0.01.

Low mean percent score: 0-<33.3%; Moderate mean percent score: ≥33.3-<66.6%;High mean percent score: ≥ 66.6-100%.

Relationship between staff nurses' demographic characteristics and their total readiness for change, at Kafr El Dawar General Hospital.

Table (4) reveals that, there are high statistical significant relationships between staff nurses' demographic characteristics and educational qualification, years of nursing experience and Years of unit experience and marital status, where (p ≤ 0.01). On the other hand, there are no statistically significant relationships between staff nurses' demographic characteristics and age, working unit and gender, where (p ≤ 0.05).

Table (4): Relationship between staff nurses' demographic characteristics and their total readiness for change, at Kafr El Dawar General Hospital. (N=270).

Demographic characteristics	Readiness for change						χ^2 P
	Moderate (N=248)		High (N=22)		Total (N=270)		
	No.	%	No.	%	No.	%	
Age (years)							
20 -	129	52.1	13	59.1	142	52.6	0.424
30 -	90	36.3	7	31.8	97	35.9	0.809
≥40	29	11.6	2	9.1	31	11.5	
Working Unit							
Medical	79	31.8	7	31.8	86	31.8	0.727
Surgical	82	33.1	9	40.9	91	33.7	0.695
ICU	87	35.1	6	27.3	93	34.4	
Gender							
Male	4	1.6	8	36.4	12	4.4	0.179
Female	244	98.4	14	63.6	258	95.6	0.6725
Educational qualification							
Diploma of Secondary Technical Nursing School	81	32.7	3	13.6	84	31.1	11.912
Diploma of Technical Health Institute	97	39.1	9	40.9	106	39.3	0.001**
Bachelor of Science in Nursing	70	28.2	10	45.5	80	29.6	
Years of nursing experience							
<5	31	12.5	9	40.9	40	14.8	85.245
5-	89	35.9	11	50.0	100	37.1	0.000**
10-	79	31.9	1	4.5	80	29.6	
≥15	49	19.8	1	4.5	50	18.5	
Years of unit experience							
<5	31	12.5	9	40.9	40	14.8	85.245
5-	89	35.9	11	50.0	100	37.1	0.000**
10-	79	31.9	1	4.5	80	29.6	
≥15	49	19.8	1	4.5	50	18.5	
Marital status							
Single	14	5.6	5	22.7	19	7.0	19.231
Married	223	89.9	13	59.1	236	87.4	0.000**
Divorced	8	3.2	2	9.1	10	3.7	
Widow	3	1.2	2	9.1	5	1.9	

 *Significant at p ≤0.05.   **highly significant at p ≤0.01.

Low mean percent score: 0-<33.3%; Moderate mean percent score: ≥33.3-<66.6%; High mean percent score: ≥ 66.6-100%.

Correlation matrix between staff nurses' perceptions toward learning organizational culture and readiness for change, at Kafr El Dawar General Hospital.

Table (5) displays that there ae positive high statistical significant correlations between total learning organizational culture and all its dimensions; and between total readiness for change and all its dimensions, where (P= 0.000). Moreover, there are positive statistical significant correlation between total learning organizational culture and both total readiness for change and affective readiness dimension, where (p ≤ 0.05).

Furthermore, there are positive statistical significant correlations between provide strategic leadership for learning dimension and both cognitive and behavioral readiness dimensions, and total readiness for change, where (p= 0.047, 0.035, 0.050), respectively. Additionally, there is positive statistical significant correlation between connect organization to its

environment dimension and cognitive readiness dimension, where (p= 0.049); as well as between create system to capture and share learning dimension and total readiness for change, where (p= 0.029).

On the other hand, there are no significant correlations between create system to capture and share learning dimension and affective readiness dimension; and between empower people toward a collective vision dimension and cognitive readiness dimension; and between connect organization to its environment dimension and total readiness for change; and lastly, between provide strategic leadership for learning dimension and affective readiness dimension, where (p>0.05).

Table (5): Correlation matrix between staff nurses' perceptions toward learning organizational culture and their readiness for change. (N=270).

Learning Organizational Culture dimensions / Readiness for Change dimensions		Create continuous learning opportunities	Promote inquiry and dialogue	Encourage collaboration and team learning	Create system to capture and share learning vision	Empower people toward a collective vision environment	Connect the organization to its environment	Provide strategic leadership for learning	Total Learning Organization Culture	cognitive readiness	Affective readiness	Behavioral readiness	Total readiness for change
Create continuous learning opportunities	r	1	0.770	0.666	0.677	0.307	0.366	0.355	0.736	0.201	0.194	0.370	0.231
	P (2-tailed)		0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.001**	0.001**	0.000**	0.000**
Promote inquiry and dialogue	r		1	0.706	0.760	0.334	0.407	0.264	0.758	0.281	0.155	0.486	0.247
	P (2-tailed)			0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.011**	0.000**	0.000**
Encourage collaboration and team learning	r			1	0.665	0.878	0.321	0.218	0.622	0.434	0.469	0.712	0.474
	P (2-tailed)				0.000**	0.009**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Create system to capture and share learning	r				1	0.667	0.636	0.467	0.909	0.418	0.283	0.388	0.631
	P (2-tailed)					0.000**	0.000**	0.000**	0.000**	0.000**	0.066	0.000**	0.029*
Empower people toward a collective vision	r					1	0.690	0.676	0.739	0.106	0.236	0.172	0.175
	P (2-tailed)						0.000**	0.000**	0.000**	0.083	0.000**	0.004**	0.004**
Connect the organization to its environment	r						1	0.815	0.819	0.424	0.143	0.299	0.178
	P (2-tailed)							0.000**	0.000**	0.049*	0.018**	0.000**	0.082
Provide strategic leadership for learning	r							1	0.744	0.437	0.224	0.572	0.075
	P (2-tailed)								0.000**	0.047*	0.074	0.035*	0.050*
Total Learning Organization Culture	r								1	0.228	0.748	0.339	0.611
	P (2-tailed)									0.000**	0.020*	0.000**	0.054*
Cognitive readiness	r									1	0.434	0.218	0.474
	P (2-tailed)										0.000**	0.000**	0.000**
Affective readiness	r										1	0.368	0.873
	P (2-tailed)											0.000**	0.000**
Behavioral readiness	r											1	0.672
	P (2-tailed)												0.000**
Total readiness for change	r												1
	P (2-tailed)												

* Significant p ≤ 0.05   ** Highly Significant p ≤0.01.   r = personal correlation

Interpretation of r: Weak (≥0.25 - < 0.50).   Intermediate (≥0.50< 0.75).   Strong (≥0.75<0.99),   Perfect (1)

V.   DISCUSSION

The findings of the present study revealed that nurses are encouraging positive interpersonal relationships by helping each other in learning, and in providing honest feedback. Nurse Managers conduct huddles and staff meetings to discuss nurses' learning needs. Moreover, hospital managers support and encourage continuous learning for nurses through looking for opportunities to improve their performance according to learning needs. Also, they and hospital training team coordinate workshops, drills and training programs with health care authorities to provide nurses with new knowledge and skills.

This is supported by Elhoseney et al. (2020), [22] Andrew (2017), [23] Kamel and Aref (2017), [24] and Sikh (2011) [25] depicted that, nurses had the highest mean scores regarding all domains of learning organization culture. Also, according to Leufvén et al. (2015), [26] who detected each dimension of organizational learning needs to be complemented with equal progress in other dimensions to foster a complete effective learning cycle and obtain the overall capabilities of an advanced learning organization culture. Moreover, these findings are in the same line with Lyman et al. (2019), [27] who confirmed that organizational context plays a key role in the learning process. Additionally, Nagib et al. (2020), [28] Sharma and Dhar

(2016), [29] concluded that leadership training program had a positive effect on nurses through increasing their knowledge and their self-assessment.

Moreover, Alkailani et al. (2012), [30] identified that, health care organizational culture can encourage nurses to give out their best for the sake of organizational goals through, encouraging them with a subsequent advantage to the organization's survival. This finding is also synchronized with Neshat et al. (2016), [31] founded that Providing staff nurses with regular formal and informal feedback about how well they are meeting goals can improve implementation of learning organization. Likewise, Bhattacharya et al. (2017), [32] who stated that all the members of the organization need to be more involved in the decision-making processes to solve problems and must identify and overcome the barriers to becoming a learning organization.

Readiness for change

The findings of the present study, showed that nurses' behavioral patterns towards change can be guided by change management so that they can be involved in the organizational process as they like trying and support new ideas and be more accepting of the change. Readiness for any new change in hospital tends to stimulate nurses through suggesting new approaches and ideas for better work. Rewarding is considered one of the most effective motivational tools because giving nurses financial rewards encourage them to attain new achievements. Also, motivate nurses in a positive way and encourage them to work efficiently.

The present study results are consistent with Ozkalay and Karaca (2021), [33] who revealed that nurses had positive attitudes toward changes in their institutions. Nurses' attitudes towards change were more positive with regard to their participation in scientific meetings related to the nursing profession.

Moreover, the present study harmonized with Brand (2013), [34] who conducted a study of the factors affecting change in a hospital in Saudi Arabia and reported that more than half of the nurses responded positively to the likelihood of change because they considered it as a new challenge. Furthermore, Vakola (2014) [35] stated that successful change requires readiness to change, as it is a critical factor in bringing about effective implementation of change.

Relationship between staff nurses' demographic characteristics and total learning organizational culture

The present study showed that nurses with highly educational qualification have up-to-date knowledge and skills to take decisions and be able to deal with different situations for reaching a high-quality of nursing care. Also, more qualified nurses have the great opportunity to get training programs and attending workshops beside they are supported by hospital authorities' consent to continue their learning.

The finding of the current study is agreed with Taylor et al. (2015), [36] who stated that educational preparation for nurses and lifelong learning has become a major issue of nursing to enhance health care services and nurses themselves. Also, this finding is partially in line with research done by Al-Janabi (2017), [37] who showed that, there was a statistically significant difference between qualification, work experience, marital status and organizational culture. This study in alignment with the study done by Al- Hamed (2018), [38] who emphasized that health care organizational culture affected by work experience and level of education.

Relationship between staff nurses' demographic characteristics and readiness for change

Regarding staff nurses' demographic characteristics and total Readiness for change, the findings of this study revealed that, nurses with highly educational qualification have more up to date knowledge, skills and more flexible for adapting new changes. Also, the nature of hospitals, which are considered as close area that make them closer to each other and communicate easily in a clear manner to be ready for new changes.

This finding is partially in accordance with Rababah et al. (2021) [39] the results indicated that more qualified and experienced nurses are more reluctant toward new change. However, creating an empowering work environment can facilitate nurses' attitudes toward new change. Moreover, the results in line with Al-Tehewey et al. (2021), [40] who studied factors affecting Resistance to Change among the studied sample; revealed that no correlation was found between age, gender and marital status.

Relationship between the learning organizational culture and Readiness for change

The present study showed that, there was a statistical significant relation between total learning organizational culture and total Readiness for change. Also, there was a highly statistically significant relation between total learning organizational culture and its dimensions. Furthermore, there was a highly statistically significant correlations between total Readiness for change and its related dimensions. This could be related to that, healthy learning organizational culture that provides staff nurses with: recognition for achievements, accessibility to information, continuous coaching and training, organizational trust and support makes them more valuable and flexible toward change acceptance.

This result supported by Khajehdadi et al. (2017) [41] findings showed that organizational culture and the components significantly influence staff attitudes towards organizational change. Also, according to related studies by Sashkin and Rosenbach (2013), [42] noticed that organizational culture dimensions foster the good functioning of organizations, and therefore make an organizational culture of effectiveness possible: change management, goal achievement, coordinated teamwork, customer orientation, and shared values and beliefs.

Another important aspect discussed by Abrell-Vogel and Rowold (2014) [43] emphasized that organizational cultures of effectiveness is coordinated teamwork, which highlights the importance of staff working together to get the job done in a changing environment. Furthermore, study by Naranjo-Valencia et al. (2016), [44] linked between organizational culture, innovation, and performance, the findings revealed that managerial efforts can guide staff to develop an organizational culture that fosters both innovation and performance.

Also, Gagnon et al. (2015) [45] mentioned that, learning organization seemed to affect daily nursing work in a positive manner. Changes were particularly should pronounced with respect to knowledge transfer, support for nursing practices, and quality of health care. Goula et al. (2020) [46] founded that, learning organization may cause organizational reform and promote learning in health sector, as long as health organizations are willing to adapt themselves and to respond to their changing environments. Moreover, Vaishnavi et al. (2019) [47] showed that, new skills are required to adopt changes in organization, and training gives flexibility to nurses to meet the desired performance to adopt changes.

VI. CONCLUSION

The result of the current study showed the majority of the staff nurses had high levels of learning organizational culture and high levels of readiness for change. A positive statistical significant relationship between learning organizational culture and readiness for change.

VII. RECOMMENDATIONS

Based on the finding of the present study, the following recommendations are suggested:

I. Hospital administrators should:

− Establish policies and practices to promote innovation, adaptation, and change in health care through conducting regular and periodic meeting with staff nurses taking into account their suggestions for future development plans and fostering a positive workplace satisfaction.

− Increasing newly hired staff nursing retention through conducting orientation programs for integrating them into the hospital through monitoring initiatives, and teaching them about the hospital's values, beliefs, mission, and vision to aid in their assimilation into learning organizational culture.

II. Head nurses should:

− Attend regular training programs such as decision making, communication skills to improve their staff nurses' skills, quality of care and to be able to work effectively and be ready for new changes.

− Increase staff nurses' satisfaction through communicating with them, listen to theirs complains and give them opportunities to participate in decision making and problem solving and encouraging them to act autonomously, which affect their practical and educational growth.

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III. Staff nurses should:

− Updating their knowledge to improve decision making and skills regarding the patients care through attending training programs and hospital workshops.

− Sharing suggestion and ideas with head nurse to improve level of learning culture in the hospital in order to improve their performance and abilities to work effectively.

− Attended different orientation programs, especially at their early career to enable them with different practices and mechanisms that are suitable to deal with different work situations.

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